## **U.S. PROBATION OFFICE STATUS REPORT** MONTH:\_\_\_\_\_, 20 \_\_\_\_

\*Reports are due between the 1st and 5th on the following months: January, March, May, July, September, and November UNLESS your officer instructs you to report monthly.

Personal Information: (Please print)		
Name:	_ Address:	Phone: (cell)
Email:		(home)
Who lives with you?		
Have you moved since last report?		Y or N
Vehicle: Year/Make/Model/Color:		Tag Number:
Who owns this vehicle?		
Collateral Contact:	Address:	Phone: (cell)
		(home)
<b>Employment Information:</b>		
Employer:	Address:	Supv. Name:
Work Schedule:		Supv. Phone:
Have you changed jobs since last re	port?	Supv. Phone: 
Is your employer aware of your crin	ninal conviction?	$\ldots$ Y or N
Gross monthly income (before tax):		

Please attach check stubs to this report. If you can't provide employment verification, please contact officer.

## **General Supervision Information**:

Are you on any form of electronic monitoring (ankle bracelet, alco-sensor, voice verify)?
Are you on any form of electronic monitoring (ankle bracelet, alco-sensor, voice verify)? Y or N
If you missed any tests, appointments, treatment, or community service, please contact your officer.
Are you involved in drug testing, any form of counseling, treatment, or community service?
If you answered <b>i es</b> to any of the above questions, please contact your officer.
Did you possess or have access to a firearm?
Did you use illegal drugs or medications not prescribed to you?
Have you had contact with anyone with a criminal record?
Were you questioned, arrested, or have pending charges that have been disposed of since last report? Y or N

Signature:
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Date: \_\_\_\_\_

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USPO Name:\_

(Please print)

\*Any false statements may be considered a violation of your supervision and may result in revocation, in addition to 5 years of imprisonment, a \$250,000 fine, or both (18 U.S.C. § 1001).